MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARD 42 1000

E63=047135

DO NOT WRITE ON THIS STUB		AME	NDE	•	۔	egistration District No	0 1963	nary Registration	District No	o	Registrar's No.						
ON INIS SIGN						. PLACE OF DEATH	0.19.00				2. USUAL RESIDER	ICE (Where	deceased live	d. If inst	titution: I	esidence	before
V\$ 300	ļ	a					hanan				a. STATE Mie	ssouri	b. COUNTY BY	chana	an a	admlss	ion)
Rev. 4/59		<u>ַ</u>		-	-	b. CITY (If outside co	orporate limits, give TOWN	SHIP only)	Length of	f stay in 16	c. CITY OR					Inside	Limits
	2000	Ē .	1			TOWN St.	Joseph	ļ	Most	of Life	TOWN S	it. Jo	seph			Yes 🙀	No □
5117	- Iu	u I		-	_	c. FULL NAME OF (IF	NOT in hospital, give loca	tion)	In	side Limits	d. STREET		(If cutside, g		on)	Reside a	n Farm
25/17		X			l _	institution 13.	13 North 10th		Yes	Æ N∘ □	ADORESS]	1010 S	outh 11t	h -		Yes [No 🎩
3 2	1		П	7	- 3	. NAME OF DECEASED (Type or print)			Aiddle	-	Last	4. DATE	Mon	ith	Day		Year
		1	1	-		(Type or print)	MARY			F	REARDON	DEATH	Ресеп Десеп	r edi	19,	19	963
4 /						. SEX	6. COLOR OR RACE	7. Married	Never		8. DATE OF BIRTH	L	(last birthday)	IF UNDER			
5 0					F	'emale	White	Widowed [_		12-28-1885			Months	Days	Hours	Min
	╻┃				10		(Give kind of work done		BUSINESS	OR INDUSTRY	11. BIRTHPLACE (City and st	ste or country)	12. CITI	IZEN OF V	WHAT CO	UNTRY
6	۱ §		$ \cdot $			Hetire	o School "Teac			Schools				US/			
70					13	a. FATHER'S NAME		135. M	OTHER'S M	AIDEN NAME			4, NAME OF H	USBAND	OR WIFE		
8 2.	2					imothy Rear				Riords						_	
<u> </u>	2			i			R IN U.S. ARMED FORCES? Yes, give war or dates of		XIAL SEC	URITY NO.	17. INFORMANT		•	ddress			
942.00	ي			1	l	NO I				μ	Dave Rear	rdon	St. Jos	œph,	Mo.	ERVAL BI	ETIMEEN)
10	₹			Z.		PART I.	(Enter only one cause per DEATH WAS CAUSED BY	: Inte			4/. 9	1 2	.1	0		SET AND	
	₽ ;	5		Į₹			IMMEDIATE CAUSE (a	1	gu	<u> uul</u>	alar	7-0	Mure	<u>a</u>	<u> </u>	•	
11	ַבָּן וְיָב <u>ַ</u>	ادِّ		ΙŪ				+	V. A.		0. 1	11	(α_{k}, f)			111.	6
1250 - 0	¥	EAD		ă			ons, if any,) DUE TO (usse	lerolle		res As	rasa	LAG.	<i>γ</i> ω-	
	2	2		-	1	above	cause (a), the under-										
13/~0	- t	_	H	-		lying c	cause last.] DUE TO (
	5	1		1	5	PART II	I. OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBUTIN	IG TO DEATH	but not related to	the termi	nel PART I	II. If de there			nale was 1 90 days.
	2		$ \ $		CATION		•							☐ Yes	<u>, </u>	lo 🗆	Unknown
l i	ا بَدِ		11			19. WAS AUTOPSY	20a. ACCIDENT SUICID		20b. D	ESCRIBE HOV	V INJURY OCCURRED). (Enter nat	ure of injury in	PART I or	PART II	of item 1	8.)
	AMENOMEN				CERTIF	19. WAS AUTOPSY PERFORMED? YES NO	<u> </u>	ם									
,	ا يَعَ			-	盂	20c. TIME OF Hour					_			_			
ַ בַּ בּ	₹			1	뒣	INJURY a.m. p.m.											_
BLACK INK OR SITER RIBBON					atv	20d. INJURY OCCURR WHILE AT WORK NOT WHILE AT V		OF INJURY (e.g factory, street, of	., in or ab	out home, 21	of, CITY, TOWN, OF	LOCATIO	N	COUNT	Υ		STATE
2 4 8]	إو			뷥	- NOT WHITE AT		962		<u></u>	19 191	7 7	her	0	150	9/2	,
- 돌이쁜		KEAU	.	, ¬\V	ģ	[2]: [arrended the de	eceased from		:10	•—	e 19,196						
₹			Ш		٧,	Death occurred a	n		•=0	Pm on the	date stated above,	and to the	Dest of my know	wiedge, m			
USE PEW		GIOOHS	Ш	P.	ᄪ	22a. SIGNATURE	(De	ree or title)			22b. ADDRESS	<i>p</i> .	IA			Ω	TE SIGNED
USE BLACK OR TYPEWRITER		۶ ا			Ħ		in H Chris	Jun C) 		6106Km	g gri	ION (City, fow	O OF CO:-	ntv\	PAREZ IStati	<u>9,1963</u>
1	-	<u>.</u>	┤┤	1	23	a. BURIAL, CREMATION REMOVAL (Specify)	, 23b. DATE			tery or cre/		77	Joseph,			10101	-,
		ģ		AFFIDAVIT	I	Burial	12-21-63	DRESS	CTT AA		E RECD. BY LOCAL R					_	
		Ş.		BYA	[ը²٬	FUNERAL DIRECTOR			W.				s. Cla	4	You	lel	L
	- 19	= 1	Ιĺ	[ão	∎ H 4	. O. Sidenfa	den & Son St	. Joseph	. Mo.	معرايا	1,40,1963	5 - A	me, was	<u> سيم م</u>		سريمير	

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	of hallth	1010 50	×	1 13 North 166a		61061 King	4 rec
1463	Secenber 19,	43 <u>0</u>	habe	YRAM			-
• ,		24-1415 77	36 (13),	ou.id ,	Pamelle		•
	AEU	rickow, in.	Policia Schools ?	red bedeel fereier	76 <u>5</u>	; · · · · · · · · · · · · · · · · · · ·	
	<u>.</u>		Bridgot Biordon	nobhase	ಂ ಇವರಂದುಚ್		
	it. Joseph, Mo.	vo Reardon 🐪	Det		οU	•	•
	• .	·.				•	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose	name is recorded on the reverse side of this certificate was embalmed by r						
or by	, Student Embalmer No						
working under my personal supervision.	Signed Robert Pash						
Signature of Student Embalmer	Licensed Embalmer No. 3308						
• • • •	TO VIET P.O. Address St. Joseph, Mo.						

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

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